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# MONTHLY HEALTH REPORT

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## MILITARY DISTRICT OF WASHINGTON

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# MONTHLY HEALTH REPORT

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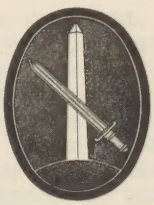


# INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest. Items published herein do not modify or rescind official directives, nor will they be used as the basis for requisitioning supplies or equipment.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.

FLOYD V. KILGORE
Colonel, MC
Surgeon

## RECOMMENDED PRACTICES FOR THE CONTROL OF POLIOMYELITIS

### Recognition of the Disease

A highly prevalent infection of which only a small fraction of the cases is clinically identifiable. In its recognizable form an acute illness, usually febrile, with early varying symptomatology, but usually with headache and almost always a characteristic stiffness of neck and spine that justifies an examination of spinal fluid. In about half such cases a lower neurone paralysis develops in first few days of illness which shows a marked tendency for spontaneous improvement after it has reached its height. If first seen after acute stage has passed, diagnosis depends upon detection of a flaccid paralysis characteristically irregular in its involvement of muscle or muscle groups. Diagnosis in non-paralytic cases depends upon detection of a clinical picture compatible with the illness plus demonstration of moderate increase in cells in spinal fluid. A form of illness presumptively poliomyelitis (abortive) presenting only vague symptoms and without signs referable to the central nervous system is of frequent occurrence during epidemics.

### Etiologic Agent

The poliomyelitis virus. Several immunologically distinct types have been identified.

### Source of Infection

Pharyngeal and fecal discharges of infected persons, frequently those not suffering from a clinically recognized attack of the disease.

### Mode of Transmission

Close association with infected persons accounts for the great majority of cases. Outbreaks attributable to milk have been rare and limited. Although flies have been found to be contaminated with the virus, there has been no reliable evidence of spread by insects, water, food or sewage.

### Incubation Period

Usually 7 to 14 days. (May be from 3 to 35 days.)

### Period of Communicability

Apparently the period of greatest communicability is covered by the latter part of the first week of the acute illness.

### Susceptibility and Immunity

Susceptibility to infection is general. Immunity is acquired by infection which may have been clinically inapparent. The duration of immunity is unknown, but second attacks are rare.

### Prevalence

Infection is prevalent throughout the world. Paralytic cases have been apparently more frequent in the temperate zones. Occurs both sporadically and in epidemics at irregular intervals, with the highest incidence in summer and early fall. In the United States an annual incidence of 10 paralytic cases per 100,000 population is ordinary, but there is a wide variation in incidence from year to year and region to region. Children from 1 to 16 years of age are more frequently attacked than adults. In several countries, including the United States, older children and young adults constitute a higher proportion of reported cases than formerly. Even during epidemics the incidence of paralytic cases has rarely exceeded one per thousand population.

### Methods of Control

**A. Preventive measures: None**

B. The infected individual, contacts and environment:

1. Recognition of the disease and reporting: Clinical manifestations assisted by microscopic and chemical examination of the spinal fluid if lumbar puncture is performed. In reporting, paralytic or non-paralytic should be specified. A clear separation between these two groups of cases as reported permits a closer comparison of incidence between localities and with past experience.

2. Isolation: For one week from date of onset, or duration of fever if longer.

3. Concurrent disinfection: Nose and throat discharges and feces are infectious and should be disposed of as quickly and safely as possible. Articles soiled therewith should be promptly disinfected.

4. Terminal disinfection: None

5. Quarantine: Quarantine of unproven value. Modified quarantine restricting the movement of intimate contacts for 7 to 14 days may be desirable in certain circumstances.

6. Active immunization: None. Passive immunization is not recommended.

7. Investigation of source of infection: Search for and expert diagnosis of sick children to locate unrecognized and unreported cases of the disease.

C. Epidemic Measures:

1. General notice to physicians of the prevalence or increase of incidence of the disease, description of usual characteristics of onset and necessity for diagnosis and medical care, particularly for bed rest of patients, and information to the public at large on similar matters.

2. Isolation in bed of all children with fever, pending diagnosis.

3. Education in such technique of bedside nursing as will prevent distribution of infectious discharges to others from patients isolated at home.

4. Protection of children so far as practicable against unnecessary contact with persons other than their usual associates.

5. Postponement of elective nose or throat operations or dental extractions.

6. Avoidance of excessive physical strain (e.g. violent exercise) in children during an epidemic or in case of known exposure.

7. Avoidance of unnecessary travel and visiting, especially of children, during high prevalence of the infection.

D. International Measures: None.

Abstracted from a Formulation by the National Conference on Recommended Practices for the Control of Poliomyelitis, held in Ann Arbor, Michigan, June 1949.

**PENICILLIN FOR ORAL PROPHYLAXIS OF VENEREAL DISEASE - A WARNING**

In October 1948, Eagle[1] reported the results of a study conducted in a Naval activity which showed that 100,000 to 250,000 units of penicillin by mouth, taken after exposure to venereal disease, would reduce the incidence of gonorrhea by 85 percent or more. Following the publication of this report came strong pressure for general adoption of this measure. A second study conducted in the Navy[2] indicated that the prophylactic effect of orally administered penicillin on gonorrhea

diminished fairly rapidly with the increase of time between exposure and ingestion of the penicillin. After an elapsed time averaging fifteen hours between exposure and prophylaxis, the efficacy of the measure apparently dropped to less than 50 per cent.

The Navy does not contemplate general adoption of this prophylactic measure against venereal disease. First, the method will presumably not protect against chancroid, lymphogranuloma venereum or granulominguinale, diseases which are of importance in many areas of the world. The efficacy of the measure against syphilis is not known and can be determined in man only after long and careful studies involving hundreds of thousands of individual uses. A long time must elapse before the reliability of this procedure as prophylaxis against syphilis can be established. Estimates indicate that a cost of approximately $75 per case of gonorrhea prevented at one of the Navy's largest prophylactic stations would have been incurred,[3] had oral prophylaxis with 250,000 units of penicillin been added to the standard Navy prophylaxis. This cost would of course diminish in proportion to the increased risk of contracting gonorrhea which exists in certain foreign ports, and the measure might approach economic justification in certain selected localities. The mass use of penicillin orally for prophylaxis of venereal disease will probably be adopted by the Navy, if at all, only for certain selected areas and periods when risk of contracting venereal disease in a particular group is abnormally high. The procedure will not of course be recommended as the sole prophylactic measure.

The use of penicillin orally by persons not in armed forces will be a matter for individual decision, if the tablets are made available over the counter. For those who do not use prophylactic measures or whose skill or knowledge are insufficient to use known effective measures properly, and possibly for women, this method offers for the time being a valuable protection to health. The method can be demonstrated to be economically unsound, since scores of tablets would be taken in order to prevent a single attack of gonorrhea in most American cities.

The measure presents a potential hazard of great magnitude to the venereal disease control programs of public health agencies. Some laboratory evidence indicates that the tendency of the gonococcus to become resistant to penicillin is much less than its tendency to become resistant to sulfonamide compounds. The resistance to penicillin is rather easily lost. After a failure of cure with a given dose, the same dose on a later day may sometimes effect a cure.

One reason that penicillin-resistant strains of gonococci have not become prevelent in this country is believed to be that the standard dose of penicillin used in treatment in this country is several times the minimal curative dose. Usually the dosages used will cure all but 1 or 2 per cent of the cases in the first course of treatment. This excessive dosage will kill off promptly almost all mutant strains that have developed only moderate resistance. Occasionally as much as 900,000 units of penicillin is needed to obtain a cure in gonorrhea.[4]

Considering that blood levels obtained by oral administration of penicillin are only a small fraction of those obtained by the standard parenteral treatment for gonorrhea, the general adoption of oral prophylaxis against gonorrhea might eventuate in a large number of persons' harboring gonococci and receiving frequent subcurative doses of the antibiotic. This new situation would be ideal for production and propagation of resistant strains of gonococci. Although the possibility is as yet only a question, the general use of penicillin orally for the prophylaxis of gonorrhea might hasten the day when 1,000,000 units of penicillin will be required to cure an average case of gonorrhea.

1. Eagle, H.; Gude, A.V.; Beckman, G.F.; Mast, G.; Sapero, J.J., and Shindledecker, J.B.: Prevention of Gonorrhea with Penicillin Tablets. Public Health Rep. 63: 1411-1415 (Oct. 29) 1948.
2. Campbell, V.W.H.; Dougherty, W.J., and Curtis, C.E.: Delayed Administration of Oral Penicillin as Prophylaxis for Gonorrhea, to be published.
3. Because of recent reduction in the cost of penicillin to the Government this figure would perhaps be approximately $30.
4. Parkhurst, G.E.; Harb, F.W., and Cannefax, G.R.: Penicillin Resistant Gonorrhea vs. Non-specific Urethritis, V.D.I.: 28, 211-213, Oct. 1947.

Abstracted from "The Journal of the American Medical Association", Volume 139, No. 14, dated April 2, 1949.

## DDT IMPREGNATED CORDS

Night time and day time observations and studies of the accumulation of fecal spots indicated that the house fly perfers to alight on strings, wires and edges of projections, beams, supports and along the crack between sprung boards, particularly on the ceilings. It has been found that in small shops and rooms that 40 to 60 feet of DDT impregnated cord hung as a replacement for electric light pull cords, and from ceilings at locations where the cord would be accessible, gave good control when fly populations were not excessive.

Cords used should be soaked in a 35% DDT-xylene solution and hung to dry, so that DDT crystals remain attached to the surface. These cords may be cut to convenient lengths and substistuted for the electric light pull cords.

This is just another of several methods of utilizing DDT in the control of flies.

## THE IMPORTANCE OF CORRECTLY FITTED SHOES

The human foot is so constructed that each of its component parts has a definite and important function to perform. When any one of these functions is seriously interfered with by the wearing of misfitted footwear, discomfort and foot injury are likely to result. Most of the common types of foot ailments may be traced directly or indirectly to misfitted shoes.

No two individuals have feet of the same shape, structure, and measurement. Some feet are long and narrow, others are short and wide. There are strong, bony feet with rigid arches, and soft, fleshy feet with weak arches. Some individuals have short toes and long arches, while others have long toes and short arches. Some feet have narrow heels and others have wide heels. Furthermore, both feet of an individual are seldom exactly the same in length and width. Some individuals have a longer left than right foot, while others have a longer right than left. There is usually a difference in the elongation and spread of an individual's feet while standing and sitting. Nevertheless, most individuals can be fitted comfortably with standard U. S. Army footwear.

Improperly fitted footwear may cause a great many ailments, not all of which are confined to the foot. In fact, most of the ill effects resulting from the continual wearing of misfitted footwear react upon the general well-being of the individual, often to such an extent as to impair health, morale, and efficiency. Properly fitted footwear, therefore, is not only best for the individual, it is also essential to the welfare of the Army.

Many foot injuries resulting from misfitted footwear are slow to appear and for this reason some individuals can wear misfitted footwear for some time without any apparent ill effects. The continued wearing of misfitted footwear may eventually result in broken arches, chronic bunions, painful callouses, ingrown nails, corns, blisters, distorted toes, and aching feet. It is, therefore, of utmost importance that the individual soldier wear footwear that fits properly.

Many individuals are indifferent to their own best interests in the selection of a proper footwear size. The average person does not know the requirements of a properly fitted shoe, and even if he knows his proper civilian shoe size, he may not require the same size Army shoe, since the civilian shoe and the Army shoe do not usually measure alike. Because of the nature of Army duty and the heavier Army socks, a roomier Army shoe is usually required. The size of Army footwear required should not be decided by the individual. To assure the issue of properly fitted U. S. Army footwear, both feet of each individual should be measured and both shoes should be tried on and checked for proper fit while the individual is in a standing position with his weight evenly distributed on both feet. The measuring and fitting should be performed by a properly trained U. S. Army shoe fitter. Medical officers will not prescribe a definite size of shoe to be issued in exchange for one found by them to be the improper size for an individual. They will state only that the size of shoe worn does not fit properly and will request the quartermaster to determine the proper shoe size.

Cleanliness is as important to the avoidance of foot defects as are properly fitted shoes and socks. The feet should be washed and the socks changed each day. This is especially important after a march. As soon as possible after reaching camp, the feet should be washed (not soaked) with soap and water and dried thoroughly; then a change should be made to clean, dry socks and shoes.

## SANITIZATION OF BARBER TOOLS

Barbering dates from several centuries before Christ, when barber-surgeons manicured, trimmed beards and hair, removed warts and superfluous hair, and performed other similar services for the men of ancient Greece and Rome. In medieval times,barber-surgeons let blood, healed wounds, drew teeth, and cut hair. In the 18th Century, the duties of barbers and surgeons became clearly differentiated, and barbering was confined to caring for the face, scalp, and hair.

The practice of beautifying oneself by changing the appearance of the human body is as old and as widespread as humanity itself. Ancient Egyptians painted their eyebrows and lashes. African tribes tattoo their faces and bodies, or annoint and dress their hair with oil from the castor bean, Chinese women bind their feet, and modern European and American women paint and powder their faces and arrange their hair, to cite but a few examples. But, although men and women have always practices some form of beauty culture, the history of the beauty parlor of today and of beauty culture in this country is very brief.

With the World War I came the "emancipation" of women, and a great change in their habits of living. At the same time, about 1920, bobbed hair became popular. These two events mark the beginning of the modern beauty shop or beauty parlor. At first, the newly emancipated woman went to a men's barber shop to have her hair bobbed. But, as it became evident that this new type of coiffure required as much attention as long hair, and even more, barber shops expanded and shops of a new kind began, offering the necessary supplementary services. These services, particularly hair waving, soon came to require more time and attention than hair cutting and trimming. "Beauty culture," "cosmetology," and "cosmetic therapy" became words in everyday use.

Section 5 of "Regulations Concerning Barber Shops and the Practice of Barbering", issued by the Health Department, District of Columbia, is reproduced below for information:

Every barber shop shall be provided with and shall use proper facilities for the disinfection and fungicidal treatment of all instruments and implements employed in the practice of barbering. Containers for disinfecting and fungicidal solutions shall be provided with covers and shall be of such size as will accommodate all instruments and implements to be disinfected or treated against mycotic organisms. A sufficient amount of disinfectant solution must be provided in the containers at all times for the proper disinfection of all instruments and implements. Specimens may be taken from time to time by the Health Officer or the Inspectors of the Board to determine whether or not the instruments and implements so used in such shops are free of pathogenic organisms and fungi; and whether or not the disinfecting and fungicidal materials are suitable for their purpose.

All razors, scissors, combs, tweezers, blackhead removers, and other tools, except clippers, used in the practice of barbering shall be thoroughly washed with soap and water to remove all film and debris, and effectively disinfected immediately after use on each patron and before being used for the service of any other patron. Clippers shall be kept clean at all times and hair and debris shall be removed from the body and blades of the clipper by manually wiping the clipper with a clean, dry cloth, clean disposable tissue or a clean brush used for this purpose only, after the service of each patron. The clipper blades must be effectively treated to remove all pathogenic organisms and fungi by one of the following methods after use on each patron and before being used for the service of any other patron.

The upper and lower blades of the clipper shall be immersed in a hot oil bath 90 to 100 degrees centigrade for a minimum of two minutes. Oil of proper viscosity which has a boiling point of 150 to 250 degrees centigrade and a flash point in excess of 110 degrees centigrade shall be used. Oil shall be heated by means of an electrical device thermostatically controlled to maintain temperature at between 90 to 100 degrees centigrade, the heating element of which shall be enclosed, insulated from the frame of the appliance and shall not be in contact with the liquid. In other respects, appliance shall conform to the provisions of the Underwriters Laboratories standard for Electric Heating Appliances. The clipper blades shall be agitated two or three times for a period of five to ten seconds each during the time that they are in the hot oil bath. The oil container shall be thoroughly cleaned at the close of each day and the container shall be filled with new unused oil.

NURSING

## The Role of the Army Nurse in Holding Sick Call

What can we do as nurses to assist the Medical Corps officers at sick call and in general dispensary work? Because of the acute shortage of doctors in the Army, it is becoming more and more important for nurses to take over as many of the station surgeons' duties as possible. One way that we can help a great deal is making our patients, who report to sick call or come to the dispensary, feel welcome. To most of our patients, new recruits, wives and children of military personnel, the first hospital experience is especially trying, often terrifying. We should teach the clerks at the desk, and the enlisted personnel at the admission desk to greet the patients with friendliness, and not with an attitude of long suffering indifference.

Sick call for military personnel is often a trying and boring experience to the doctors, nurses and medical technicians. However, this should not be so. The nurse can do much to prevent our soldiers from being treated impersonnally, and keep them from feeling as if they were a piece of machinery on an assembly line. If it is impossible for the nurse to spend any time interviewing patients on their first trip to the clinic, she should from time to time casually check the waiting room to assure that a soldier who is extremely uncomfortable is seen immediately. Too often these men, who should be admitted to the hospital, are kept waiting. Our interest in the welfare of these men would contribute much to lessen the overburdened doctor's duties. He depends on the nurses and clinic personnel to keep him informed about the patients waiting to see him.

Stress should be made on teamwork including all elements of medical service. Only when we have accomplished this, will the patient be assured that we are working primarily for his best interest. Nurses are important members of this medical team and should never become so immersed in hospital routine that they lose the lay viewpoint. So as dispensary nurses we have a duty and obligation to teach good manners and military courtesy to our patients and the personnel with whom we work by setting a good example.

## Nurses Notes

The following article was prepared by Lt. Col. Rosalie D. Colhoun, Chief Nurse First Army:

It is suggested that nurses' notations on the patients' clinical chart be initialed by the writer just as the Doctor signs all orders. This protects the patient, the hospital and the nurse.

During visits to the hospitals, it has been observed that the most satisfactory notes were initialed, for by so doing, the writer was influenced to think more about what she was stating to describe the patient's condition, symptoms, and complaints. The notes were neater and more legible. Responsibility was established, effected and completed.

If notes and orders are not initialed, it is difficult to trace a mistake and many have to carry the consequence.

When doctor's orders are copied, the writer should initial same to establish the authenticity thereof, for if an error is made in copying, it will cause others to repeat the mistake.

A clear, definite picture of the patient's condition is desired by the attending surgeon. Thus the selection of suitable, descriptive words is of utmost importance and assistance.

It has been noted at Retiring boards that had the nurse written in the nurses notes, the names in full of Doctors or nurses who observed certain phases of the patient's condition, their testimony would have greatly assisted in determining the disability retirement of said patient.

With the medical officer's concurrence, the recording of normal temperatures and nurses notes after a certain period on convalescent patients could be discontinued. This time could then be applied to compile complete and satisfactory notes of observations made by the nurse in the absence of the Doctor for those patients who are acutely ill or have not been diagnosed.

Abstracted from the July 1949 and August 1949 issues of "First Army Medical Bulletin".

GENERAL COMMENT

The non-effective rate increased slightly over the July rate of 6.94 to 8.74 for the month of August. The total admissions for disease and injury in August were 575; of this number 512 admissions were for disease and 63 admissions for injuries.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year. Statistics presently reported by Army Medical installations do include those Air Force personnel who are treated or hospitalized at the reporting unit on a casual basis, since reciprocal use of either services medical installations is made. Air Force statistics are tabulated separately for units having Air Force personnel assigned.

The 575 admissions for all causes during the report period ending 26 August 1949 was a slight increase from the 507 cases of the previous month. The rate for August was 409.2 compared to 281.9 for July. The General Dispensary, USA continued to report the lowest rate for all causes with 144.0 and Fort Myer (North Post) continued to report the highest with 1282.1 for August.

The incidence of injuries increased from 50 cases and a rate of 27.8 in July to 63 cases throughout August for a rate of 44.8. Fort McNair, and units listed as "All Others" reflected a decrease in the number of injury cases. The General Dispensary, USA reported the same number of injuries throughout August as were reported during July. The General Dispensary, USA reported the lowest rate of 10.3 for 3 cases during this current month.

The incidence of disease increased from 457 cases with a rate of 254.1 throughout July to 512 cases and a rate of 364.4 during this present report period. The General Dispensary, USA, The Pentagon reported the lowest rate of 133.7 and Fort Myer (North Post) reported the highest with a rate of 1147.6.

Days lost as a result of disease and injury totaled 4469 for the month of August 1949. A total of 4549 was reported for the five week period ending 29 July 1949.

The number of CDD's issued this month totaled 25; a sharp increase over the 7 issued during the month of July.

The psychiatric disease rate decreased to 4.3; this rate can be compared to the July rate of 5.6.

There were 3 deaths at the reporting installations throughout the four week period ending 26 August 1949.

COMMUNICABLE DISEASE

Common respiratory diseases increased in incidence during the month of August with 108 cases reported as compared with 52 for the previous period. The rates were 76.9 and 28.9 respectively.

Admission rates for pneumonia all types, increased during the month of August to 16.4 as compared with the rate of 3.9 in July.

No cases of measles, scarlet fever, rheumatic fever, or malaria were reported throughout August 1949.

Fort Belvoir reported one case of mumps during August, the rate for MDW being 0.7. This may be compared with 6 cases and a rate of 3.3 throughout July.

The incidence of influenza increased sharply during August. Installations reported 17 cases as compared to 2 during July.

Pertinent Statistical tables may be found on pages 8 and 10.

## GENERAL DATA

4 Week period Ending 26 August 1949
(Data from WD AGO Form 8-122)

| STATION | MEAN STRENGTH | | | ADMISSIONS | | | | | | Non-Effective Rate | Number of CDD's | Number of Deaths |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | All Causes | | Disease | | Injuries | | | | |
| | Total | White | Negro | Cases | Rates | Cases | Rates | Cases | Rates | | | |
| Fort Belvoir (A) | 8,791 | 7,118 | 1,673 | 223 | 329.8 | 198 | 292.8 | 25 | 37.0 | 14.05 | 25 | 3 |
| (AF) | 221 | 221 | 0 | 7 | 411.7 | 5 | 294.1 | 2 | 117.6 | 13.25 | 0 | 2 |
| Fort McNair (A) | 866 | 788 | 78 | 20 | 300.2 | 19 | 285.2 | 1 | 15.0 | 1.57 | 0 | 0 |
| (AF) | 43 | 43 | 0 | 0 | - | 0 | - | 0 | 0 | - | 0 | 0 |
| Fort Myer (North Post) (A) | 1,450 | 1,232 | 218 | 143 | 1282.1 | 128 | 1147.6 | 15 | 134.5 | 13.34 | 0 | 0 |
| (AF) ** | 0 | 0 | 0 | 9 | - | 9 | - | 0 | - | - | 0 | 0 |
| Fort Myer (South Post) (A) | 1,820 | 1,820 | 0 | 86 | 614.3 | 79 | 564.3 | 7 | 50.0 | 3.14 | 0 | 0 |
| (AF) ** | 0 | 0 | 0 | 0 | - | 0 | - | 0 | - | - | 0 | 0 |
| General Dispensary, USA (A) | 3,792 | 3,764 | 28 | 42 | 144.0 | 39 | 133.7 | 3 | 10.3 | 1.62 | 0 | 0 |
| (AF) | 3,058 | 3,057 | 1 | 52 | 221.1 | 49 | 208.3 | 3 | 12.8 | 1.90 | 0 | 0 |
| All Others (A) | 1,548 | 1,548 | 0 | 61 | 512.3 | 49 | 411.5 | 12 | 100.8 | 2.21 | 0 | 0 |
| (AF) | 21 | 21 | 0 | 0 | - | 0 | - | 0 | - | - | 0 | 0 |
| Total Mil Dist of Wash (A) | 18,267 | 16,270 | 1,997 | 575 | 409.2 | 512 | 364.4 | 63 | 44.8 | 8.74 | 25 | 3 |
| (AF) | 3,343 | 3,342 | 1 | 68 | 264.4 | 63 | 245.0 | 5 | 19.4 | 3.09 | 0 | 2 |
| AMC - Med. Det, (Duty Pers) | 1,401 | 1,246 | 155 | 39 | 361.9 | 35 | 324.8 | 4 | 37.1 | 23.65 | 0 | 0 |
| AMC - Det. Of Patients | 808 | 723 | 85 | 77 | 1238.9 | 69 | 1110.1 | 8 | 128.8 | 999.29 | 88 | 5 |
| AMC - ROTC, Camp 1 * | 120 | 119 | 1 | 7 | 758.3 | 5 | 541.7 | 2 | 216.6 | 6.25 | 0 | 0 |
| AMC - Total | 2,209 | 1,969 | 240 | 116 | 682.6 | 104 | 612.0 | 12 | 70.6 | 380.52 | 88 | 5 |
| AMC - Total (Air Force) | 411 | 383 | 28 | 41 | 1263.0 | 37 | 1139.8 | 4 | 123.2 | 664.58 | 21 | 2 |
| Total Dept/Army Units | 20,476 | 18,239 | 2,237 | 691 | 438.7 | 616 | 391.1 | 75 | 47.6 | 48.85 | 113 | 8 |
| Total Dept/Air Force Units | 3,754 | 3,725 | 29 | 109 | 382.6 | 100 | 351.0 | 9 | 31.6 | 75.51 | 21 | 4 |

* ROTC figures not included in Total Dept/Army Units.
**Air Force Assigned to Army Medical Installations for medical treatment.

## ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR

4 Week Period Ending 26 August 1949
(Data From WD AGO Form 8-122)

| STATION | Common Respiratory Diseases | Pneumonia All Types | Pneumonia Atypical | Influenza | Measles | Mumps | Scarlet Fever | Tuberculosis | Rheumatic Fever | Diarrheal Disease | Hepatitis | Malaria | Psychiatric Diseases |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fort Belvoir (A) | 53.2 | 28.1 | 16.3 | - | - | 1.5 | - | 1.5 | - | - | 1.5 | - | 7.4 |
| (AF) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Fort McNair (A) | 15.0 | - | - | - | - | - | - | - | - | - | - | - | - |
| (AF) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Fort Myer (North Post) (A) | 331.7 | 26.9 | 26.9 | 98.6 | - | - | - | - | - | 9.0 | 9.0 | - | - |
| (AF) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Fort Myer (South Post) (A) | 42.9 | 7.1 | - | 28.6 | - | - | - | - | - | - | - | - | - |
| (AF) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| General Dispensary, USA(A) | 41.1 | - | - | 6.9 | - | - | - | 3.4 | - | - | - | - | 3.4 |
| (AF) | 102.0 | 4.2 | 4.2 | - | - | - | - | - | - | - | 4.2 | - | - |
| All Others (A) | 134.4 | - | - | - | - | - | - | - | - | - | - | - | - |
| (AF) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Total Mil Dist of Wash (A) | 76.9 | 16.4 | 10.1 | 12.1 | - | .7 | - | 1.4 | - | .7 | 1.4 | - | 4.3 |
| (AF) | 105.0 | 7.7 | 7.7 | - | - | 3.9 | - | - | - | - | 3.9 | - | - |
| AMC - Med. Det.(Duty Pers) | - | - | - | - | - | - | - | - | - | - | - | - | 9.3 |
| AMC - Det. of Patients | - | - | - | - | - | - | - | 16.1 | - | - | - | - | 225.2 |
| AMC - ROTC, Camp 1 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| AMC - Total | - | - | - | - | - | - | - | 5.9 | - | - | - | - | 88.3 |
| AMC - Total (Air Force) | - | 64.2 | 64.2 | - | - | - | - | - | - | - | - | 31.6 | 31.6 |
| Total Dept/Army Units | 68.6 | 14.6 | 8.9 | 10.8 | - | .6 | - | 1.9 | - | .6 | 1.3 | - | 13.3 |
| Total Dept/Air Force Units | 93.5 | 13.6 | 13.6 | - | - | 3.5 | - | - | - | - | 3.5 | 3.5 | 3.5 |

VENEREAL DISEASE

Venereal disease rate among units within the Military District of Washington increased over the July rate. All units reported an increase except Fort Myer (North Post), units classified as "All Others", and General Dispensary, USA. The rate for August was 23.48 as compared to 17.23 during July.

A total of 33 cases were reported for the four week period ending 26 August 1949. Of this total 27 were reported at Fort Belvoir, 2 at Fort McNair, 4 at Fort Myer (South Post). Of the total number of cases reported 17 were incurred by white personnel with a rate of 13.58 and 16 were incurred by Negro personnel with a rate of 104.16 per 1000 troops per annum.

Of the 33 cases of venereal disease reported, 7 were diagnosed as syphilis and 26 as gonorrhea.

The consolidated rate for Army Medical Center increased from 13.67 for July to 29.43 for this present report period. The Detachment of Patients reported 2 cases. The personnel from the Medical Detachment accounted for 3 cases with a rate of 27.89, as compared with the July rate of 19.86.

The rate for all Department of Army units increased during the month of August. A rate of 24.13 for August may be compared with 16.85 for July.

- - - - - - - - - - - - - - - - - -

Pertinent statistical tables and charts may be found on pages 10, 11, 12, and 13.

- - - - - - - - - - - - - - - - - - -

NEW VENEREAL DISEASE CASES - EXCL EPTS - JUNE, JULY AND AUGUST

| | Rate per 1000 per year | | |
|---|---|---|---|
| STATION | JUNE 49 | JULY 49 | AUGUST 49 |
| Fort Belvoir | 25.08 | 28.42 | 36.97 |
| Fort McNair | - | 12.11 | 30.02 |
| Fort Myer (North Post) | 16.02 | 13.86 | - |
| Fort Myer (South Post) | - | 11.30 | 28.57 |
| General Dispensary, USA | 1.87 | - | - |
| All Others | 16.76 | 7.00 | - |
| Total Mil Dist Wash Units | 13.68 | 17.23 | 23.48 |
| AMC Med. Det. (Duty Pers.) | 16.53 | 19.86 | 27.84 |
| AMC Detachment of Patients | 12.76 | - | 32.18 |
| Army Medical Center - Total | 15.05 | 13.67 | 29.43 |
| Total Dept/Army Units, Mil Dist of Washington | 13.82 | 16.85 | 24.13 |

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURY

M D W PATE PER 1000 TROOPS PER YEAR

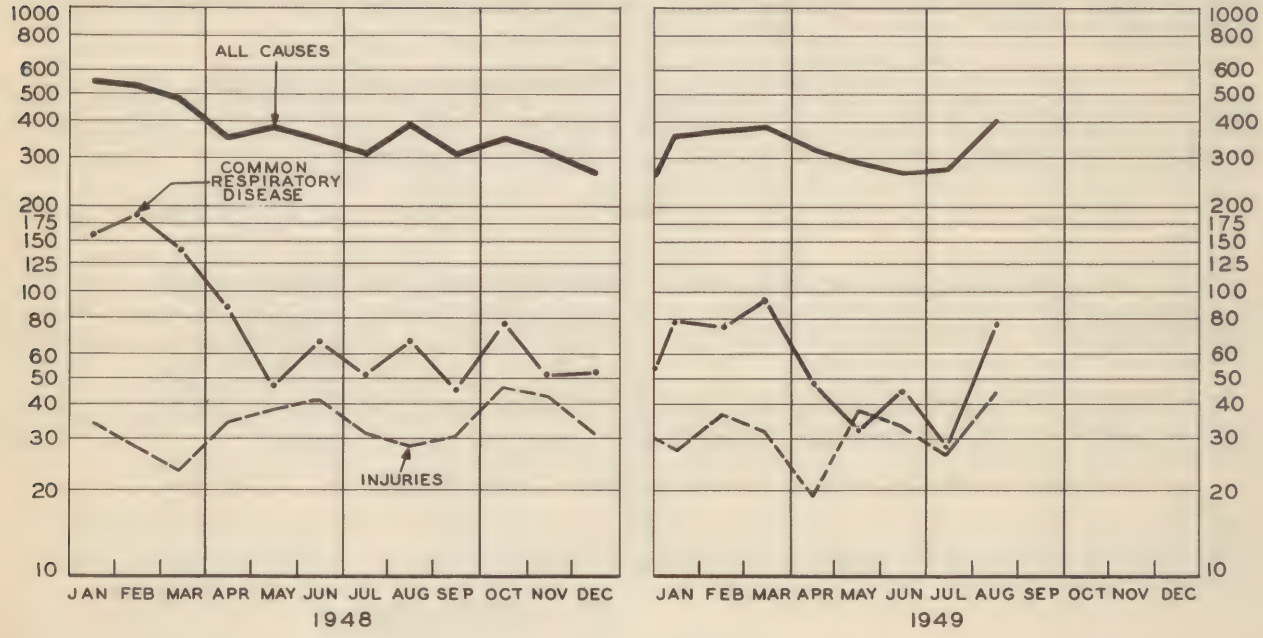
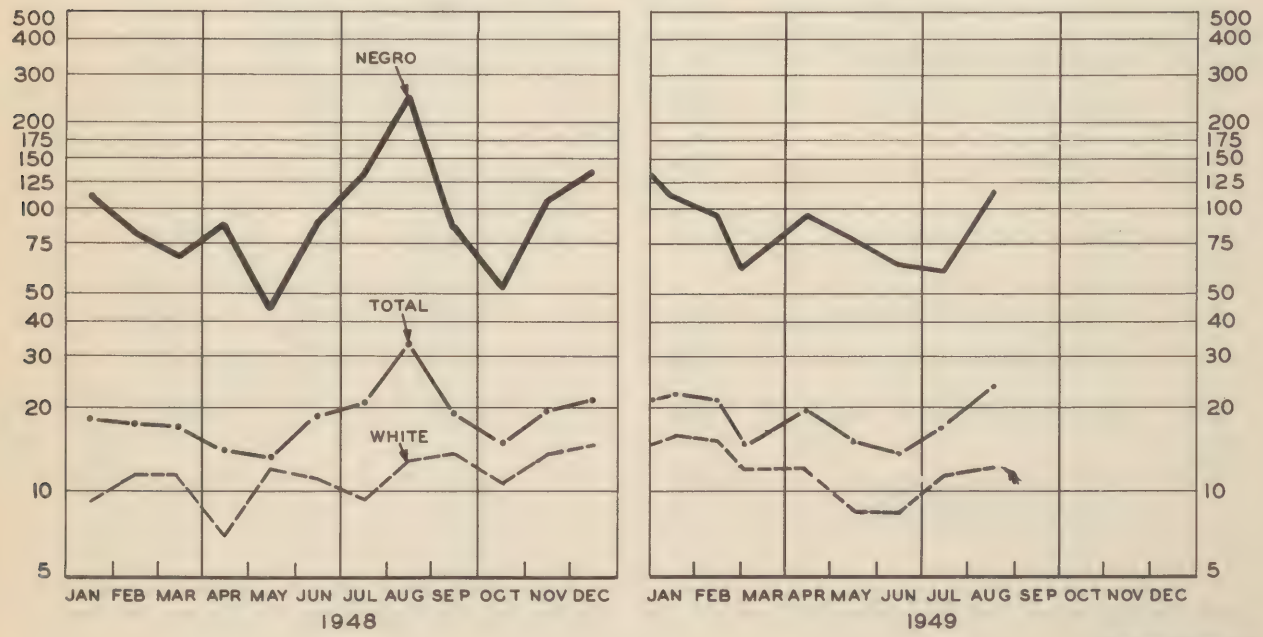



CHART 2

ADMISSION RATES BY MONTH VENEREAL DISEASES MDW INCL. ARMY MEDICAL CENTER

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Four Week Period Ending 26 August 1949

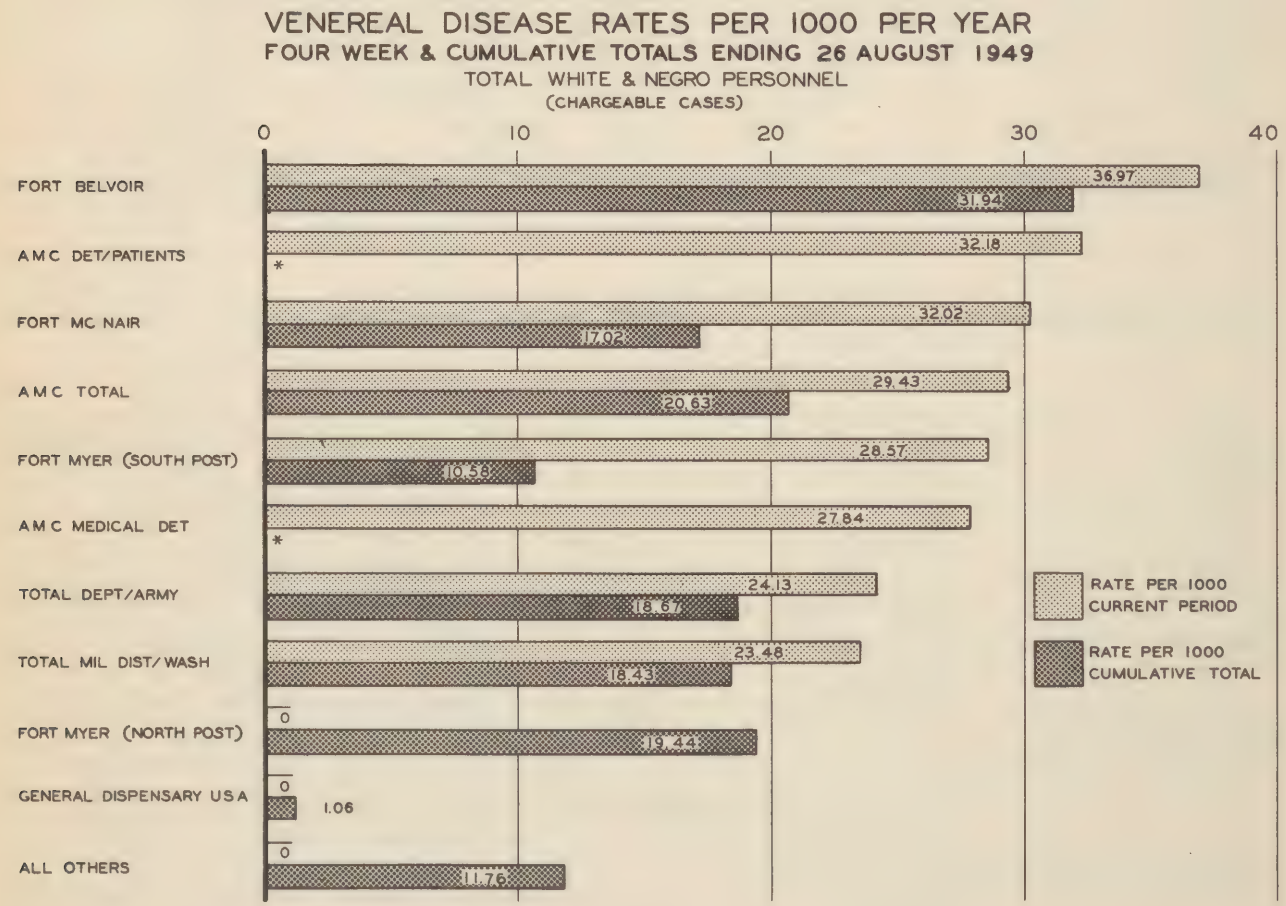
| STATION | RACE | Mean Strength | Number of Cases-EPTS Not Included | | | | Rate per 1000 Troops per Annum | Total Days Lost From Duty (Old New Cases) |
|---|---|---|---|---|---|---|---|---|
| | | | Syphilis | Gonorrhea | Other | Total | | |
| Fort Belvoir | W | 7118 | 1 | 10 | 0 | 11 | 20.08 | 1 |
| | N | 1673 | 4 | 12 | 0 | 16 | 108.79 | 11 |
| | T | 8791 | 5 | 22 | 0 | 27 | 36.97 | 12 |
| Fort McNair | W | 788 | 0 | 2 | 0 | 2 | 32.99 | 0 |
| | N | 78 | 0 | 0 | 0 | 0 | - | 0 |
| | T | 866 | 0 | 2 | 0 | 2 | 30.02 | 0 |
| Fort Myer (North Post) | W | 1232 | 0 | 0 | 0 | 0 | - | 0 |
| | N | 218 | 0 | 0 | 0 | 0 | - | 0 |
| | T | 1450 | 0 | 0 | 0 | 0 | - | 0 |
| Fort Myer (South Post) | W | 1820 | 2 | 2 | 0 | 4 | 28.57 | 0 |
| | N | 0 | 0 | 0 | 0 | 0 | - | 0 |
| | T | 1820 | 2 | 2 | 0 | 4 | 28.57 | 0 |
| General Dispensary, USA | W | 3764 | 0 | 0 | 0 | 0 | - | 0 |
| | N | 28 | 0 | 0 | 0 | 0 | - | 0 |
| | T | 3792 | 0 | 0 | 0 | 0 | - | 0 |
| All Others | W | 1548 | 0 | 0 | 0 | 0 | - | 0 |
| | N | 0 | 0 | 0 | 0 | 0 | - | 0 |
| | T | 1548 | 0 | 0 | 0 | 0 | - | 0 |
| Total Mil Dist of Wash | W | 16270 | 3 | 14 | 0 | 17 | 13.58 | 1 |
| | N | 1997 | 4 | 12 | 0 | 16 | 104.16 | 11 |
| | T | 18267 | 7 | 26 | 0 | 33 | 23.48 | 12 |
| Army Medical Center Medical Det. (Duty Pers) | W | 1246 | 0 | 0 | 0 | 0 | - | 0 |
| | N | 155 | 1 | 2 | 0 | 3 | 251.61 | 2 |
| | T | 1401 | 1 | 2 | 0 | 3 | 27.84 | 2 |
| Army Medical Center Detachment of Patients | W | 723 | 1 | 0 | 0 | 1 | 17.98 | 177 |
| | N | 85 | 0 | 1 | 0 | 1 | 152.94 | 192 |
| | T | 808 | 1 | 1 | 0 | 2 | 32.18 | 369 |
| Army Medical Center - Total | W | 1969 | 1 | 0 | 0 | 1 | 6.60 | 177 |
| | N | 240 | 1 | 3 | 0 | 4 | 216.67 | 194 |
| | T | 2209 | 2 | 3 | 0 | 5 | 29.43 | 371 |
| Total Dept/Army Units | W | 18239 | 4 | 14 | 0 | 18 | 12.83 | 178 |
| | N | 2237 | 5 | 15 | 0 | 20 | 116.23 | 205 |
| | T | 20476 | 9 | 29 | 0 | 38 | 24.13 | 383 |

VENEREAL DISEASE RATES FOR THE US *

(All Army Troops)

| | JULY 1949 | AUGUST 1949 |
|---|---|---|
| First Army Area | 20 | 17 |
| Second Army Area | 26 | 25 |
| Mil District of Washington | 18 | 24 |
| Third Army Area | 25 | 30 |
| Fourth Army Area | 26 | 22 |
| Fifth Army Area | 16 | 17 |
| Sixth Army Area | 21 | 21 |
| Total United States | 23 | 23 |

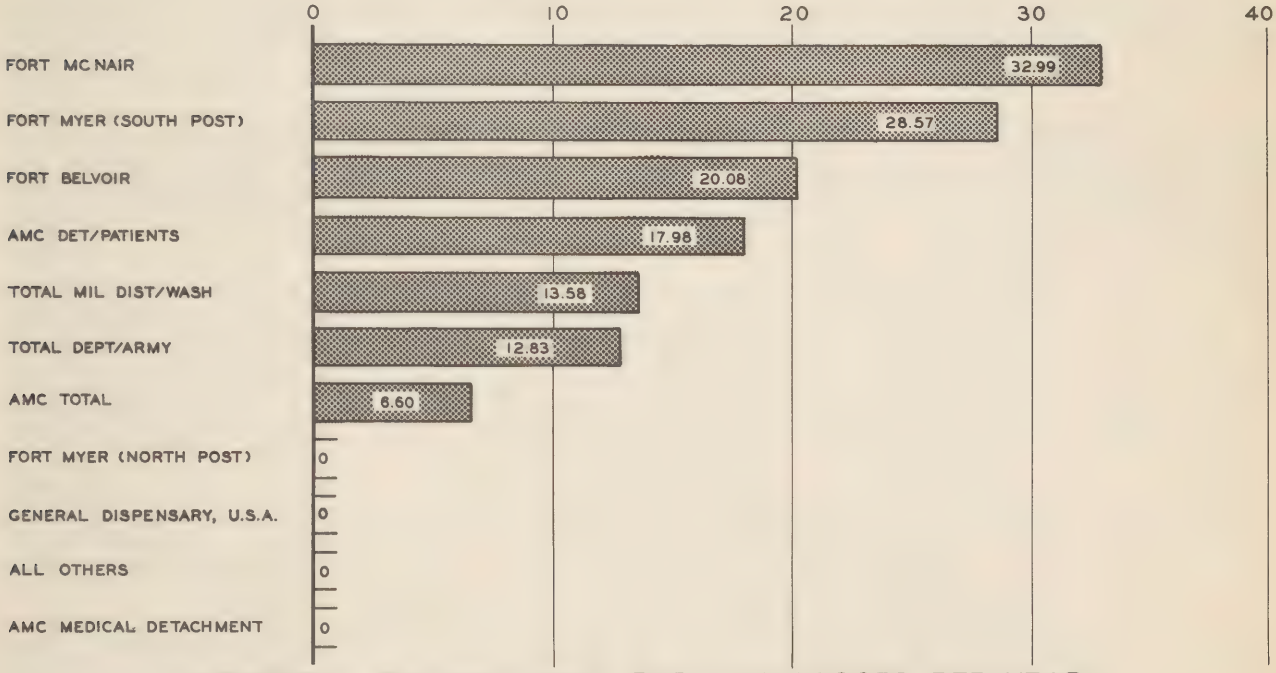
* Compiled in the Office of the Surgeon General and include General Hospitals.



## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

**4 WEEK PERIOD ENDING 26 AUGUST 1949**

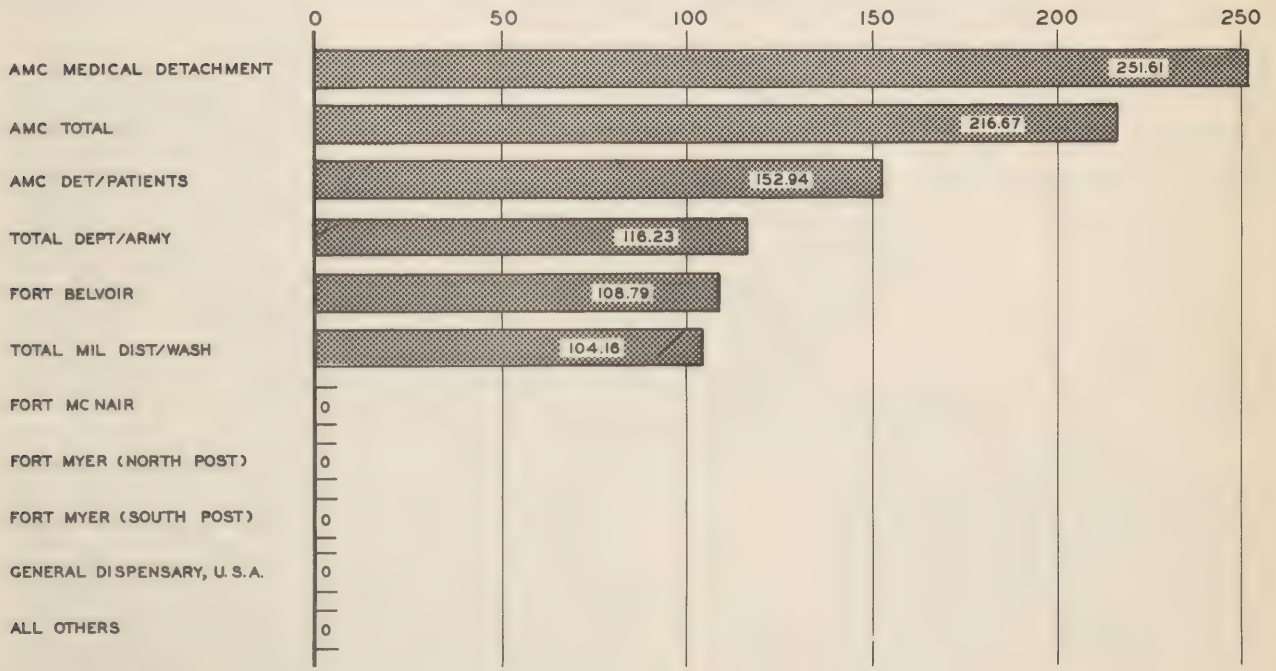
WHITE PERSONNEL (CHARGEABLE CASES)




## VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR

**4 WEEK PERIOD ENDING 26 AUGUST 1949**

NEGRO PERSONNEL (CHARGEABLE CASES)



## EQUINE ENCEPHALOMYELITIS

Equine encephalomyelitis is one type of disease of the group of arthropod-borne encephalitides of which mosquitoes and ticks are the usual vectors. This group includes: St. Louis type encephalitis; Western type equine encephalomyelitis; Eastern type equine encephalomyelitis; Venezeulan type equine encephalomyelitis; Japanese B type encephalitis; Russian autumn fever; Russian spring-summer fever; Louping ill.

Equine encephalomyelitis is caused by a virus. This disease has been present in the United States for many years but was not recognized as such until 1930 when Meyer, Haring and Howitt first reported and described it and isolated the causative organism. Since that time this disease has been reported throughout the United States by various investigators. Two distinct types have been reported in the United States, namely Eastern and Western. The St. Louis type resembles the Western type in many respects.

Equine encephalomyelitis occurs in the late summer and early fall, these periods usually corresponding to the increased activities of the known insect vectors. In 1933, Kelser proved experimentally that the virus could be transmitted by mosquitoes. Wood ticks are capable of transmitting the Western type of this disease. A number of birds including the domestic chicken, western robin, pigeon, ring-necked pheasant, quail and prairie chicken, have been found to be naturally infected. Experimental infection has been introduced into many other wild birds. Young birds are more susceptable than the older ones.

Equine encephlomyelitis is one of the most important horse diseases in the United States. Infected horses and mules display various clinical symtoms, depending upon the type of virus involved and their natural resistance to infection. The mortality is highest from infection with the Eastern type of virus. Clinical symptoms in man caused by this type of disease are similar to those in animals but may vary in severity and mortality.

Experimental evidence points to the inability of this type of disease to spread by contact. This has also been observed among animals in the field.

Chick tissue vaccine is effective as an immunizing agent against equine encephalomyelitis. The U. S. Army has not had any reported cases of this disease since adopting an immunizing program. A vaccine of a bivalent nature is annually administered.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED AUGUST 1949
(Data obtained from WD AGO Form 8-134)

| STATION | CLASS * 3 | CLASS * 4 | CLASS * 5 | CLASS * 6 | CLASS * 7 | CLASS * 8 | CLASS * 9 | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Fort Lesley J. McNair | | 61,683 | 90,023 | 1,190 | 150,416 | 10,184 | | 313,496 |
| Fort Belvoir, Virginia | | 201,530 | 436,845 | | 489,704 | 104,510 | | 1,232,589 |
| Potomac Yards Distribution Point | | 308,107 | 50,944 | 372,633 | | | | 731,684 |
| Fort Myer, Virginia | | 154,423 | 178,560 | | 336,772 | 8,422 | | 678,177 |
| Mil Dist/Washington Vet Det | 200,452 | | | | | | | 200,452 |
| US Navy | 152,618 | | | | | | | 152,618 |
| The Pentagon | | | | | | 214,422 | | 214,422 |
| Total | 353,070 | 725,743 | 756,372 | 373,823 | 976,892 | 337,538 | | 3,523,438 |
| Army Medical Center | | 191,924 | 81,120 | | 273,045 | 6,403 | | 552,492 |
| Washington Quartermaster | | 95,619 | 71,765 | 705 | 160,809 | 6,353 | | 335,251 |
| Bolling Air Force Base | | 134,720 | 141,396 | | 347,817 | 39,363 | 10,389 | 673,685 |
| Total | | 422,263 | 294,281 | 705 | 781,671 | 52,119 | 10,389 | 1,561,428 |
| Grand Total | 353,070 | 1,148,006 | 1,050,653 | 374,528 | 1,758,563 | 389,657 | 10,389 | 5,084,866 |
| REJECTIONS: | | | | | | | | |
| Insanitary or Unsound | | | | | | | | |
| Army Medical Center | | 144 | | | | | | 144 |
| Fort Myer, Virginia | | | | | 165 | | | 165 |
| Mil Dist/Washington Vet Det | 55 | | | | | | | 55 |
| The Pentagon | | | | | | 31 | | 31 |
| Not type, class or grade | | | | | | | | |
| Washington Quartermaster | | | | | | 17 | | 17 |
| Mil/Dist/Washington Vet Det | 6,734 | | | | | | | 6,734 |
| US Navy | 680 | | | | | | | 680 |
| Potomac Yards Dist. Point | | 4,500 | | | | | | 4,500 |
| The Pentagon | | | | | | 411 | | 411 |
| TOTAL REJECTIONS | 7,469 | 4,644 | | | 165 | 459 | | 12,737 |

## THE FIELD OF RESEARCH IN DENTISTRY

What are the unsolved problems of dentistry? The most outstanding problem, which today is of the greatest concern, is decay of the teeth. This disease, which affects 95 per cent of the American people, is the greatest single factor in dental practice and dental health service. More than 75 per cent of all dental practice is concerned, primarily or secondarily, with dental caries. Thus far it has been combated almost solely by the repair of dental lesions, in which 70,000 dentists can care for only a minority of the American people.

Many studies of caries are now in progress, and some headway is being made in the quest for practicable means of controlling and reducing the incidence of this dental disease. If an adequate and effective control method were discovered, the entire scope of dental practice would be changed. More persons would keep their teeth throughout life and be saved from the inconvenience of wearing artificial dentures and from inadequate mastication. Thousands would be protected from the pain of diseased and aching teeth, and thousands would be kept from the serious systemic infections which often result from dental disease. Even a partial, but substantial, reduction of the attack rate of dental caries would have profound economic, social and health effects, the significance of which would be immeasurable. This is a great challenge to dental research workers.

In the field of periodontal diseases, there are many unsolved problems. Large numbers of persons are suffering from periodontal degenerations with attendant infections which, all too often, affect the general health. Little is known of the general systemic factors which underlie and predispose to these diseases and of means for their correction. The significance of these periodontal disturbances and the need for their control in the interests of oral and general health are becoming more and more apparent. Considerable study is now being directed toward a better understanding of periodontal disease and the improvement of the present means of its control. This, too, is a major problem in dental health service.

In the field of orthodontics, thousands of children are going through life as dental cripples because of serious malocclusion of the teeth. There are not enough orthodontists to care for them all, and, if there were, serious economic factors would interfere with any plan for universal service. What is needed is development of practical preventive measures that may be made available to children everywhere. This involves factors of heredity, growth, habits and diet, as well as the development of minor corrective measures, all of which require much study.

The bacteria of the mouth have never been fully studied or classified, and the mechanism which controls their growth or overgrowth is not understood. It is suspected that oral bacteria and their toxins gain entrance to the body to produce far-reaching and serious systemic disturbances, but there are few factual data at hand in regard to oral focal infection. It is highly desirable that dentists know when a tooth is safe and when it is harmful to the body as a whole. At the present time, there is no accurate method of determining these facts. This complex problem needs study from the bacteriologic, serologic, histologic, and dental and medical clinical aspects. Improved understanding of this question would have a profound effect on dental and medical clinical procedures and would constitute a distinct contribution to public health.

Abstracted from "The Journal of the American Dental Association", Volume 38, Number 6, dated June 1949, by Russell W. Bunting, D.D.S., Ann Arbor, Michigan.

DENTAL SERVICE--MONTH OF AUGUST 1949

| STATION | Officers | Days of Duty | Sittings | Amalgam | Oxy and Amal | Silicate | Inlays | Bridges | Bridge Repair | Crowns | Dentures | | | Extractions | Calculus Removed | X-Rays | Examinations |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | Full | Partial | Repair | | | | |
| Fort Belvoir | 8 | 310 | 1718 | 608 | 584 | 391 | 4 | 18 | 0 | 11 | 18 | 26 | 23 | 409 | 138 | 297 | 696 |
| Fort McNair | 2 | 53 | 500 | 343 | 162 | 90 | 0 | 0 | 1 | 0 | 2 | 8 | 2 | 60 | 55 | 57 | 102 |
| Fort Myer (North Post) | 1 | 31 | 1164 | 256 | 74 | 53 | 1 | 0 | 2 | 0 | 9 | 17 | 7 | 72 | 20 | 635 | 454 |
| Fort Myer (South Post) | 2 | 43 | 480 | 260 | 42 | 64 | 1 | 0 | 1 | 1 | 2 | 11 | 3 | 40 | 12 | 181 | 115 |
| General Dispensary, USA | 4 | 102 | 2106 | 316 | 160 | 159 | 1 | 2 | 2 | 1 | 9 | 23 | 10 | 100 | 287 | 789 | 803 |
| All Others | 1 | 18 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 |
| Total Mil Dist of Wash | 19 | 575 | 5982 | 1885 | 1022 | 757 | 7 | 20 | 6 | 13 | 40 | 85 | 45 | 687 | 512 | 1959 | 2070 |

# MISCELLANEOUS

## OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital for the four week period ending 26 August 1949, are indicated below:

| ARMY: | | NON ARMY: | |
|---|---|---|---|
| Number of Outpatients | 7,173 | Number of Outpatients | 4,572 |
| Number of Treatments | 15,188 | Number of Treatments | 12,917 |

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 1,896
NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED..... 5,826

## HOSPITAL MESS ADMINISTRATION (Data from WD AGO Form 8-210)

| STATION | May 49 | June 49 | July 49 | August 49 |
|---|---|---|---|---|
| FORT BELVOIR | | | | |
| Income per Ration | $ 1.073 | $ 1.061 | $ 1.090 | $ 1.088 |
| Expense per Ration | 1.070 | 1.045 | 1.029 | 1.047 |
| Gain or Loss | + 0.003 | + 0.016 | + 0.061 | + 0.041 |

## BARBER SHOP CHECK LIST

### A. General

1. Customer lavortory_____
2. Hot water_____
3. Cold water_____
4. Automatic lathering device_____
5. Closed storage cabinet
   a. Supplies_____
   b. Clean linens_____
   c. Other material_____
6. Storage space
   a. Custodial equipment_____
   b. Custodial supplies_____
7. Covered metal containers for all waste materials_____
8. Supplies of disinfectant_____
9. Supplies of fungicide_____
10. Laundered towels_____
11. Laundered breast cloths_____
12. Neck strips and suitable containers_____
13. Clean head rest covers_____
14. Clean hair cloth_____
15. Closed cabinet for tools_____
16. Closed cabinet for clean linen_____
17. Closed cabinet for soiled linen_____
18. Closed container for used paper_____
19. Clean razor straps_____

### B. Sanitation of Shop

1. Windows_____
2. Floors_____
3. Walls_____
4. Ceilings_____
5. Rodents_____Vermin_____
6. Illumination_____
7. Ventilation_____

### C. Personal Hygiene of Barbers

1. Wash hands before serving each patron_____
2. Attired in clean clothing_____
3. Free from communicable disease_____

### D. Infected Patrons

1. Refusing to serve any patron when skin of patron's face, neck or scalp is inflamed, contains pus, or is erupted, without physician's certificate_____
2. Refusing to serve any patron infected with pediculus captis (head lice)_____

### E. Compliance with par 9, AR 40-205

1. Personnel read and expressed intention of complying with provisions of par 9, AR 40-205_____
2. Monthly Physical inspection_____
3. Selling or giving away of medicinal application for hair or skin for use outside the barber shop _____
4. Treating pimples, moles, warts or similar lesions of skin or scalp_____
5. Styptic pencils_____
6. Cuspidors_____
7. Cleaning and sterilizing of brushes, combs, razors, clippers, scissors, tweezers, buffers, massage and scalp applicators, etc, after each separate use thereof_____
8. Immersing articles listed in E7 in an approved antiseptic solution (preferably 5 percent lysol for at least 3 minutes_____
9. Use of powder puffs, sponges, and neck dusters prohibited_____
10. Copy of par 9, AR 40-205 posted_____

# ADMINISTRATIVE DIVISION

Selected list of titles received by Army Medical Library, Washington 25, D. C., which were published during the last three years.

Abbott laboratories
A review of the present information concerning penicillin. Completely rev. ed. North Chicago, Ill., Abbott laboratories, 1946. 180 p.

Adams, L. A. and Eddy, Samuel
Comparative anatomy; an introduction to the vertebrates. New York, Wiley, 1949. 520 p.

Aird, Ian
A companion in surgical studies. Edinburgh, E. & S. Livingstone, 1949. 1060 p. Bibliographical footnotes.

Baylor University, Waco, Tex.
School of Nursing, Dallas
Manual. Dallas, Ross Garrett, 1949. 1 v. various pagings.

Farquharson, E. L.
Illustrations of surgical treatment; instruments and appliances. 3d ed. Edinburgh, E. & S. Livingstone, 1949. 390 p.

Hall, S. B.
Psychological aspects of clinical medicine. London, H. K. Lewis, 1949. 416 p. Based on a course of clinical lectures for final year and postgraduate students given at the Liverpool Medical School.

Hart, Frank and Waldegrave, A.J.
A study of hospital administration. London, Stevens, 1948. 188 p. (Studies in public administration, no. 1)

Hawley, Gertrude
The kinesiology of corrective exercise. 2d ed. thoroughly rev. Philadelphia, Lea & Febiger, 1949. 192 p.

Hoare, E. D.
The Sulphonamides in general practice. 1st ed. London, Staples Press, 1949. 90 p.

Himsworth, H. P.
Lectures on the liver and its diseases. Cambridge, Mass., Harvard Univ. press, 1947. 204 p. "..based on a series of lectures delivered at the Lowell Institute, Boston, Massachusetts, in March, 1947..."

Hollander, J. L. ed. and others
Arthritis and allied conditions. Completely rev. an rewritten. 4th ed. Philadelphia, Lea & Febiger, 1949. 1108 p.

Isaacs, S. S.
Childhood & after; some essays and clinical studies. New York, International Universities Press, 1949. 245 p. Most of the studies previously published in various periodicals, etc.

Jones, F. W.
Structure and function as seen in the foot. 2d ed. London, Bailliere, Tindall and Cox, 1949. 333 p. Supplements, to a certain extent, the Principles of anatomy as seen in the hand.

Lucia, E. L.
A handbook for departments of medical records of hospitals. San Francisco, 1949. 22 l.

Maguire, F. A.
The anatomy of the female pelvis. 4th ed. Sydney, Angus and Robertson, 1949. 176 p. "Based on lectures ... given to third year medical students in anatomy, and to fourth and fifth year students in gynaecology."

McCall, J. O.
Practical dental assisting. Brooklyn, Dental Items of Interest Publishing Co., 1948. 102 p.

McCullough, Wava, comp. and Moffitt, Marjorie
Illustrated handbook of simple nursing. New York, Whittlesey House, 1949. 238 p.

Medvei, V. C.
The mental and physical effects of pain, Edinburgh, E. & S. Livingstone, 1949. 58 p.

Mennell, J. B.
The science and art of joint manipulation. 2d ed. London, Churchill, 1949.

Meyer May, Jacques
Siam doctor. 1st ed. Garden City, N. T., Doubleday, 1949 255 p.

Mollison, C. H. & Bowden, K. H.
Forensic medicine lectures. 5th ed. Melbourne, Ramsay, 1949. 282 p.

New York. Bellevue Hospital.
Committee on Drugs and Formulary. Bellevue Hospital formulary. New York, 1948. 73 p.

Nickerson, W. J., ed.
Biology of pathogenic fungi. Waltham, Mass., Chronica Botanica Co., 1947. 236 p. (Annales cryptogamici et phytopathologici. v. 6)

Rappaport, Friedrich
Rapid microchemical methods for blood and C S F examinations. New York, Grune & Stratton, 1949. 404 p.

Rosebury, Thedor
Peace or pestilence; biological warfare and how to avoid it. New York, Whittlesey House, 1949. 218 p.

# ADMINISTRATIVE DIVISION

Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

| Cir No. | Subject | Date |
|---|---|---|
| 94 | Protective Clothing and Equipment | 15 Aug 49 |
| 95 | Army, Navy Catalog of Medical Material, Spare Parts Section | 19 Aug 49 |

DEPARTMENT OF THE ARMY SPECIAL REGULATIONS

| SR No. | Subject | Date |
|---|---|---|
| 40-590-46 | Medical Department, Admission To and Treatment in Medical Facilities | 4 Aug 49 |
| 385-10-21 | Safety, Personnel Identification | 30 Aug 49 |
| 385-45-20 | Safety; Fire Report | 1 Aug 49 |
| 420-45-7 | Repairs and Utilities, Insect and Rodent Control | 1 Aug 49 |
| 420-325-1 | Repairs and Utilities, Refuse and Disposal | 11 Aug 49 |

MILITARY DISTRICT OF WASHINGTON CIRCULARS

| Cir No. | Subject | Date |
|---|---|---|
| 43 | Section I - Monthly Personnel Roster | 9 Aug 49 |
| 43 | Section II - Leave Upon Completion of Basic Training | 9 Aug 49 |
| 43 | Section III - Payment of Enlisted Personnel | 9 Aug 49 |
| 44 | Section I - Enlisted Efficiency Reports | 16 Aug 49 |
| 44 | Section II - Deficiencies in POR Processing | 16 Aug 49 |
| 44 | Section III - Implementation of Career Guidance Plan for Warrant Officers | 16 Aug 49 |
| 45 | Section I - General | 18 Aug 49 |
| 45 | Section II - Non-Career Field Personnel | 18 Aug 49 |
| 45 | Section III - Career Field Personnel | 18 Aug 49 |
| 45 | Section IV - Recissions | 18 Aug 49 |
| 46 | Career Field MOS and Grade Adjustment | 19 Aug 49 |
| 47 | Section I - Appointment of Officers in Regular Army | 25 Aug 49 |
| 47 | Section II - Demotion Elimination of Officers and Warrant Officers | 25 Aug 49 |
| 47 | Section III - Separation of Officers | 25 Aug 49 |
| 47 | Section IV - Mailing Address for Overseas Replacements | 25 Aug 49 |
| 47 | Section V - Classification of Enlisted Personnel | 25 Aug 49 |
| 47 | Section VI - Payment of Enlisted Personnel | 25 Aug 49 |

MILITARY DISTRICT OF WASHINGTON MEMORANDA

| Memo No. | Subject | Date |
|---|---|---|
| 43 | Complainants | 19 Aug 49 |
| 45 | Wearing of the Summer Uniform | 26 Aug 49 |

PUBLICATIONS ORIGINATED IN OFFICE OF SURGEON, MDW

| ANWMC File | Subject | Date |
|---|---|---|
| 710 | Food Poisoning | 2 Aug 49 |
| 721 | Monthly Health Report, Military District of Washington | 16 Aug 49 |
| 440 | Re-distribution of Excess Medical Supplies | 26 Aug 49 |



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